

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2	/		1			
3	/		1			
4	/		1			
5	/		1			
6	/		1			
7	/		1			
8	/		1			
9	/		1			
10	/		1			
11	/		1			
12	/		1			
13	/		1			
14	/		1			
15	/		1			
16	/		1			
17	/		1			
18	/		1			
19	/		1			
20	/		1			
21	/		1			
22	/		1			
23	/		1			
24	/		1			
25	/		1			
26	/		1			
27	/		1			
28	/		1			
29	/		1			
30	/		1			
31	/		1			
32	/		1			
33	/		1			
34	/		1			
35	/		1			
36	/		1			
37	/		1			
38	/		1			
39	/		1			
40	/		1			
41	/		1			
42	/		1			
43	/		1			
44	/		1			
45	/		1			
46	/		1			
47	/		1			
48	/		1			
49	/		1			
50	/		1			
TOTAL IND.					6	
TOTAL DEP.					57	
TOTAL CLAIMS					63	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		1			
52	/		1			
53	/		1			
54	/		1			
55	/		1			
56	/		1			
57	/		1			
58	/		1			
59	/		1			
60	/		1			
61	/		1			
62	/		1			
63	/		1			
64					1	
65					1	
66					1	
67					1	
68					1	
69					1	
70					1	
71					1	
72					1	
73					1	
74					1	
75					1	
76					1	
77					1	
78					1	
79					1	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.	6		14			
TOTAL DEP.	57		57			
TOTAL CLAIMS	63		61			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS